fancy and childhood are themselves predisposing factors on account of the disproportionate growth of the brain during this period of life, while the control of the higher centres is slight. Heredity is another predisposing cause of convulsions. This is frequently seen in certain families in which it can be traced for several generations. Tendency to convulsive disorders is often an early symptom of rachitis, an etiological factor which should always be looked for. Among the exciting causes of convulsions are the two main groups, organic and reflex. Meningitis, tumors, and hemorrhage of the brain, etc., belong to the first group. Under the second heading dentition and phimosis, while undoubtedly causing a disturbance are rarely alone the cause of convulsions. Undigested food masses in the intestinal canal, coupled with toxemia, is the most common reflex cause of convulsions. Toxic causes include uremia and the infectious diseases, especially pneumonia and pertussis. Every seizure demands a close study to determine the underlying causes, so that further attacks may be avoided by the proper treatment. The successful treatment of the attack alone is not enough, but the future of the child must be safeguarded from a repetition of the seizure, and the possible development of a cerebral habit, leading to epilepsy.

Epidemic Catarrhal Jaundice.—LEONARD GUTHRIE (*British Jour. Child. Dis.*, 1913, x, 1) reports a small epidemic of catarrhal jaundice in children. There were 10 cases in all, and they occurred during a period of three months. Eight cases were in contiguous districts. The children were aged from three to eleven years. In 3 instances more than one member of the same family were affected. In one family two sisters, in another two sisters and one brother, and in a third a brother and sister became jaundiced between a fortnight to three months of each other. The remaining 3 cases were sporadic. All the cases showed deep jaundice, clay colored stools, and bilirubinuria. The onset was accompanied by malaise, languor, and slight fever (99° to 100° F.). In several cases vomiting occurred. The duration was from three to four weeks. Bradycardia was not observed. The liver was enlarged in 6 cases and greatly so in 4, in which it extended to within one inch of the umbilicus. The liver began to subside in size on the appearance of bile in the stools, and regained the normal size in from one to two weeks. None of the patients were seriously ill at any time. The condition is probably caused by some common organism capable of giving rise to infective hepatitis. Blockage of the main duct by mechanical causes does not produce so great an enlargement of the liver as occurred in these cases. The influenza bacillus has been designated by some as the cause of the condition. Cockayne refers to the possible analogy with mumps and the metastatic swelling of the testes and pancreas, and there is a possibility that mumps, acute pancreatitis, and hepatitis may be allotropic forms of the same infection.

Tuberculosis in Children.—ERIC PRITCHARD (*Practitioner*, 1913, xc, 280), in an article on tuberculosis in children, states that it is the commonest of all diseases affecting childhood. The incidence rate rises from zero at birth to 90 per cent. at the age of fourteen years.

Children, although highly susceptible, are little liable to fatal results except during the first two years of life. The mode of infection is mostly from human sources, by direct contact, or air-born. Unboiled, contaminated cow's milk probably causes the smaller percentage of infection of the bovine type. It is a disease especially of the lymphatic system in children, and this accounts for the absence of constitutional symptoms in many cases. Enlargement of the mediastinal glands is found in 88 per cent. of all tuberculous cases coming to autopsy. Among other diagnostic signs indicating enlarged mediastinal glands, Pritchard mentions spasmodic cough without expectoration or obvious cause, and impairment of resonance to the right of the sternum at the second intercostal space. The diagnosis of the general condition rests on the consideration of the constitutional symptoms, specific tests as the von Pirquet or Moro, and investigation of the lymphatic system. The treatment is prophylactic during the first two years of life, and the maintenance of strength during the later years of childhood. Infants should be removed from an environment of open infection. Employment of the graduated cold bath, from 100° F. down to cool, and a varied and liberal proteid diet with supplemental feeding of raw beef-juice, yolk of egg, plasmon, etc., are of great value. Later in childhood it is highly important to support the strength during the debility following measles, pertussis, and chickenpox, and to remove the child to the country if possible. In treating established cases the tuberculin treatment is uncalled for in the majority of cases. It is probably of value in surface or surgical affections. The hygienic and medical treatment is best. Intestinal stasis is decidedly unfavorable to tuberculous children. Pritchard uses an emulsion of petroleum, dram j to ij, with liquor pancreatis, ♏x, and calcium hypophosphite, gr. j, three times a day, for intestinal stasis. He also prefers giving calx. sulphurata for involvement of the glands of the neck, syrup of the iodide of iron for plastic infiltration and general debility, and creosote, preferably in cod-liver oil, in all pulmonary and advanced cases.

The Leukocytes at Different Age Periods.—Dina Rabinowitsch (*Archiv f. Kinderheilkunde*, 1912, lix, 161) refers to the observation on the leukocytes in children by various investigators, most of whom agree that the total white-cell count is higher during the first three years of life than in the adult, and that the lymphocytes are much more numerous, and the neutrophiles less in number during this period than in the adult. An adjustment takes place in the number of cells of the above type until at the fifteenth year the numbers approach the adult differential count. In Carstanjen's figures from the sixth month to the fifth year the lymphocytes drop from 50 to 25 per cent., the transitional forms from 10.5 to 7.2 per cent., and the neutrophiles rise from 35.5 to 61 per cent. From the fifth to the fifteenth year Carstanjen notes very little change in the percentages. The findings of the various investigators differ in their differential counts and in the age periods in which the different cells vary in number. Rabinowitsch, therefore, made a study of the blood in 150 healthy children to determine the differential count of the leukocytes at varying ages. The total count of white cells in children aged from